



**Michigan Department of Labor & Economic Growth
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**

7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

*** Officers please obtain License No., Bus. ID and File # directly from the liquor license ***

License No. _____ Business ID _____ File # _____

1. Name of Licensee _____ 2. Doing Business As _____

3. Mailing Address (street, city, zip code) _____

4. Township _____ 5. County _____

6. Type of License(s) & Permit(s) _____

7. Date of Violation: _____ AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: Minor
Intoxicated Person After hours sales/consumption
Gambling Fighting (must be inside licensed premises)
Controlled Substances Failure to Cooperate
Prohibited Conduct OTHER: _____

if MINOR: Birth date _____ Was this a DECOY ? Yes No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # _____

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature _____ Name and Title (print) _____

Officer Signature _____ Name and Title (print) _____

Department Name _____ Phone # _____

WITNESSES

1. Name _____ Address _____

Will testify to:

2. Name _____ Address _____

Will testify to:

3. Name _____ Address _____

Will testify to:

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

EVIDENCE

Location Held (Explain):